## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| reby ap   | 3(b).<br>point:   |   |   |   | ,  | *************************************** |
|---|---|---|---|---|--|---|
| Practitioners associated with the Customer Number |   | 35690   |   |   |  |   |
| OR  |   |   |   |   |  |   |
| Practitio   | mer(s) named below (if more than ten patent                                       | practitioners ar                                | e to be name                            | i, then a customer n                      | umber must be us                         | ed):                                    |
|   | Name  | Registration                                    |   | Name                                      | ***************************************  | Registratio                             |
| -   |   | Number  | (I)                                     |   |  | Number                                  |
|   | ***************************************   |   | (I)                                     | ***************************************   |  |   |
| -   |   |   | -                                       |   |  | ļ                                       |
| -   |   |   |   |   |  |   |
| -   |   |   |   |   |  | <u> </u>                                |
| L   | or agent(s) to represent the undersigned bel-                                     | are time! builded t                             | Notice Coloni                           | and Tarriton and Office                   | n il 10 0 TV i le env                    | L                                       |
| nd all pa   | tent applications assigned only to the underst                                    | gned accounting                                 | to the USPT                             | anu i rasismari OMC<br>Dissignment record | is (war 10) in car<br>Is or assignment i | ocuments                                |
| red to thi  | s form in accordance with 37 CFR 5.73(b).   |   |   |   |  |   |
| is changi   | the correspondence address for the applica  | don identified it                               | the attached                            | statement under 37                        | CFR 3.73(b) to                           |   |
| 3   |   |   |   |   |  |   |
| ] The   | The address associated with Customer Number:                                      |   | 35690                                   |   |  |   |
| ?   |   | L   |   |   |  |   |
| Firm or   | ual Name  |   |   |   |  |   |
| dress   |   |   |   |   |  |   |
| ······································            |   | State   |   |   | 1 Zio                                    |   |
| Entry   |   |   | Counc                                   |   |  |   |
|   |   |   | *************************************** |   | *****                                    |   |
| lephone:  |   |   | Email                                   |   |  |   |
| ***********                                       | ***************************************   | ***************************************         |   |   |  |   |
|   | re and Address:   |   |   |   |  |   |
|   | search Limited Liability Company<br>ree Drive, Suite 101                          |   |   |   |  |   |
| er. DE  |   |   |   |   |  |   |
|   |   |   |   |   |  |   |
| py of th  | is form, together with a statement un   | der 37 CFR                                      | 3.73(b) (Fon                            | n PTO/SS/96 or e                          | quivalent) is n                          | quired to t                             |
|   | napplication in which this form is use<br>oners appointed in this form if the app |   |   |   |  |   |
|   | lentify the application in which this Pe  |   |   |   | a beam of the                            | weeriganes,                             |
|   |   | TURE of Assi                                    | ******************                      | ***************************************   |  |   |
|   | The individual whose signature and title  |   |   |   | of the assignee                          |   |
| ature   | Dinal.  | Denallaris                                      |   |   | Deta 1/6/11                              |   |
| e   | Dana Mo   | Dana Morris                                     |   |   | Telephone                                |   |
|   | Authoritand Dames   | Authorized Person for Donled Research Limited L |   |   |  | *************************************** |
|   |   |   |   |   |  |   |

U.S. Patient and Trademprix Office. U.S. Department of Commerce, P.D. Box 1450, Alexandria, VA. 2231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 22313-1450.

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 8.73(b)(2)(0)

I. Dana Morris (whose title is supplied below), hereby declare that I am authorized to sign on behalf of Donled Research Limited Liability Company.

Dreller, 5

Dana Morris, Authorized Person for Donled Research Limited Liability Company

1/6/11